

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
GAVI ALLIANCE
Doing business as GAVI, THE VACCINE ALLIANCE
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
GLOBAL HEALTH CAMPUS, CHEMIN DU POMMIER 40
City or town, state or province, country, and ZIP or foreign postal code
1218 GENEVA SWITZERLAND/527
F Name and address of principal officer: ASSIETOU DIOUF
SAME AS C ABOVE

D Employer identification number
98-0593375

E Telephone number
+41 22 909 6500

G Gross receipts \$ 4,798,363,367.

H(a) Is this a group return for subordinates? Yes ☒ No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: GAVI.ORG

K Form of organization: ☒ Corporation Trust Association Other

L Year of formation: 2009 **M** State of legal domicile: SZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO SAVE CHILDREN'S LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE USE OF VACCINES IN

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 44

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 44

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 22

6 Total number of volunteers (estimate if necessary) 6 57

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	596,158,662.	800,186,577.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,630,650.	55,335,701.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,347,293.	24,373,686.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	708,136,605.	879,895,964.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,885,408,428.	995,854,754.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,456,617.	53,375,707.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 19,987,579.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,572,202.	51,356,179.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,000,437,247.	1,100,586,640.
19 Revenue less expenses. Subtract line 18 from line 12	-1,292,300,642.	-220,690,676.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,329,286,107.	4,241,258,942.
	21 Total liabilities (Part X, line 26)	2,069,580,499.	1,071,665,879.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,259,705,608.	3,169,593,063.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: ASSIETOU DIOUF, MANAGING DIR, FINANCE/OPER.
Date: 11/03/2020

Paid Preparer Use Only

Print/Type preparer's name: JOHN W. SADOFF, JR.
Preparer's signature: John W. Sadoff, Jr.
Date: 10/29/2020
Check if self-employed: ☐
PTIN: P00540589
Firm's name: DELOITTE TAX LLP
Firm's EIN: 86-1065772
Firm's address: 695 TOWN CENTER DRIVE, SUITE 1000
COSTA MESA, CA 92626
Phone no. 714-436-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes No

SCANNED MAR 29 2021

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G1
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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

TO SAVE CHILDREN'S LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING
EQUITABLE USE OF VACCINES IN LOWER-INCOME COUNTRIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 1,050,735,557. including grants of \$ 995,854,754.) (Revenue \$ _____)

ACCELERATING EQUITABLE UPTAKE AND COVERAGE OF VACCINES

GAVI SUPPORTED 60 VACCINE INTRODUCTIONS AND CAMPAIGNS IN 2019, AN
INCREASE OF 14 FROM 2018 AND ABOVE THE TARGET OF 56 FOR 2019.

ONE COUNTRY INTRODUCED PNEUMOCOCCAL VACCINE IN 2019, RAISING THE TOTAL
NUMBER OF GAVI-FUNDED INTRODUCTIONS TO 60, WHILE 3 COUNTRIES INTRODUCED
ROTAVIRUS VACCINE, BRINGING THE TOTAL NUMBER OF GAVI-SUPPORTED LAUNCHES
TO 48. TWO COUNTRIES INTRODUCED INACTIVATED POLIO VACCINE (IPV) IN
2019, FOR A TOTAL OF 71 SINCE PROGRAMME START.

ON ROUTINE IMMUNISATION COVERAGE, THE PERCENTAGE OF CHILDREN REACHED
WITH THE THIRD DOSE OF THE FIVE-IN-ONE PENTAVALENT VACCINE ROSE

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 1,050,735,557.

Form 990 (2019)

ABC DF I J R D

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	22	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b If "Yes," enter the name of the foreign country SWITZERLAND, NORWAY, IRELAND See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	44	
b Enter the number of voting members included on line 1a, above, who are independent	44	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 ASSIETOU DIOUF - 41 22 909 2916
 GLOBAL HEALTH CAMPUS, CHEMIN DU POMMIER 40, 1218 GENEVA SWITZERLAND

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. SETH BERKLEY CHIEF EXECUTIVE OFFICER	48.50 1.50			X				611,399.	0.	101,539.
(2) ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	49.50 0.50				X			317,218.	0.	77,998.
(3) PATRICIA KUO HEAD, FUNDING DESIGN/REVIEW	50.00 0.00					X		339,336.	0.	46,862.
(4) TONY DUTSON SR DIR, FIN/CHIEF ACCOUNTING OFFICER	50.00 1.50					X		281,992.	0.	68,033.
(5) SIMON LAMB MNG DIR, AUDIT/INVESTIGATIONS	50.00 0.00					X		260,730.	0.	70,811.
(6) ALEX DE FAUQUE DE JONQUIERES DIR, HEALTH SYSTEMS/IMM. STR	50.00 0.00					X		257,977.	0.	55,426.
(7) PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT/INFO	50.00 0.00				X			242,012.	0.	70,525.
(8) EDMUND GROVE DIRECTOR, PROGRAMME AUDIT	50.00 0.00					X		253,844.	0.	54,372.
(9) MARIE-ANGE SARAKA-YAO MANAGING DIR, RES MOBL./PARTNERSHIPS	50.00 0.00				X			247,647.	0.	59,260.
(10) AURELIA NGUYEN MANAGING DIR, VACCINES & SUSTAIN.	50.00 0.00				X			236,399.	0.	58,854.
(11) PHILIP ARMSTRONG DIRECTOR, GOVERNANCE	37.50 12.50			X				187,435.	0.	47,364.
(12) ASSIETOU DIOUF MNG DIR, FIN & OPS - FROM 04/19	48.12 1.88			X				175,182.	0.	45,266.
(13) BARRY GREENE MNG DIR, FIN & OPS - UNTIL 07/19	48.54 1.46			X				154,162.	0.	38,366.
(14) HIND KAHATIB-OTHMAN MNG DIR, COUNTRY PROG - UNTIL 07/19	50.00 0.00				X			154,162.	0.	36,260.
(15) NGOZI OKONJO-IWEALA CHAIR	2.00 0.00	X						0.	0.	0.
(16) WILLIAM H. ROEDY VICE CHAIR	2.00 0.00	X						0.	0.	0.
(17) OMAR ABDI BOARD MEMBER - FROM 05/2019	2.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUAD YOUSUF ABDALLAH ALKARIB BOARD MEMBER - UNTIL 06/2019	2.00 0.00	X						0.	0.	0.
(19) MAHAMAT SALEH AZIZ BOARD MEMBER - UNTIL 09/2019	2.00 0.00	X						0.	0.	0.
(20) CRAIG BURGESS BOARD MEMBER - UNTIL 11/2019	2.00 0.00	X						0.	0.	0.
(21) MATY DIA BOARD MEMBER (ABM UNTIL 11/19)	2.00 0.00	X						0.	0.	0.
(22) TIM EVANS BOARD MEMBER - UNTIL 06/2019	2.00 0.00	X						0.	0.	0.
(23) FEROUZUDDIN FEROUZ BOARD MEMBER - FROM 06/2019	2.00 0.00	X						0.	0.	0.
(24) DANIEL GRAYMORE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(25) AMIR AMAN HAGOS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(26) SHANELLE HALL BOARD MEMBER - UNTIL 04/2019	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,719,495.	0.	830,936.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,719,495.	0.	830,936.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRICEWATERHOUSECOOPERS LTD, AV. GUISEPPE MOTTA 50, 1202 GENEVA, SWITZERLAND	CONSULTING	3,912,316.
ISOBAR TECH, SWITZERLAND SA, 35 ROUTE DE JUENETS, 1227 CAROUGE, SWITZERLAND	CONSULTING IT SERVICES	1,854,900.
HELVETIC PAYROLL SA, RUE DU LAUSANNE 44, 1201 GENEVA, SWITZERLAND	TEMPORARY STAFFING	1,846,030.
SAP SCHWEIZ AG LEUGENSTRASSE 6, 2504 BIEL, SWITZERLAND	SAP INTEGRATION AND SUPPORT	735,939.
IDEO LLP 150 FOREST AVENUE, PALO ALTO, CA 94301	CONSULTING	399,233.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARGARET (PEGGY) HAMBURG BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(28) MYINT HTWE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(29) SERGEY KHACHATRYAN BOARD MEMBER - UNTIL 06/2019	2.00 0.00	X						0.	0.	0.
(30) MAHAMOUD YOUSOUF KHAYAL BOARD MEMBER - FROM 10/2019	2.00 0.00	X						0.	0.	0.
(31) IRENE KOKK BOARD MEMBER (ARM UNTIL 07/19)	2.00 0.00	X						0.	0.	0.
(32) ORIN LEVINE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(33) CLARISSE LOE LOUMOU BOARD MEMBER - UNTIL 06/2019	2.00 0.00	X						0.	0.	0.
(34) HARRIET LUDWIG BOARD MEMBER (ARM UNTIL 01/19)	2.00 0.00	X						0.	0.	0.
(35) FRANCESCA MANNO BOARD MEMBER - FROM 01/2019	2.00 0.00	X						0.	0.	0.
(36) MOHAMED ABU ZAID MUSTAFA BOARD MEMBER - UNTIL 02/2019	2.00 0.00	X						0.	0.	0.
(37) MARTA NUNES BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(38) MUHAMMAD PATE BOARD MEMBER - FROM 07/2019	2.00 0.00	X						0.	0.	0.
(39) HARRIET PEDERSEN BOARD MEMBER - FROM 01/2019	2.00 0.00	X						0.	0.	0.
(40) SAI PRASAD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(41) HELEN REES BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(42) TERESA RESSEL BOARD MEMBER - FROM 01/2019	2.00 0.00	X						0.	0.	0.
(43) PETER SALAMA BOARD MEMBER - FROM 06/2019	2.00 0.00	X						0.	0.	0.
(44) DAVID SIDWELL BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(45) SUSAN SILBERMAN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(46) SOUMYA SWAMINATHAN BOARD MEMBER - UNTIL 06/2019	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ARSEN TOROSYAN	2.00									
BOARD MEMBER - FROM 06/2019	0.00	X						0.	0.	0.
(48) YIBING WU	2.00									
BOARD MEMBER - FROM 11/2019	0.00	X						0.	0.	0.
(49) STEPHEN ZINSER	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(50) KWAKU AGYEMAN-MANU	2.00									
ALTERNATE BOARD MEMBER	0.00	X						0.	0.	0.
(51) EDNA YOLANI BATRES	2.00									
AT. BOARD MEM. - FROM 01/2019	0.00	X						0.	0.	0.
(52) MEGAN CAIN	2.00									
AT. BOARD MEM. - FROM 01/2019	0.00	X						0.	0.	0.
(53) TED CHAIBAN	2.00									
ALTERNATE BOARD MEMBER - UNTIL 09/19	0.00	X						0.	0.	0.
(54) MAHIMA DATLA	2.00									
ALTERNATE BOARD MEMBER	0.00	X						0.	0.	0.
(55) SUSAN ELDEN	2.00									
ALTERNATE BOARD MEMBER	0.00	X						0.	0.	0.
(56) SARAH GOULDING	2.00									
ALT. BOARD MEM. (BM UNTIL 07/19)	0.00	X						0.	0.	0.
(57) ASSAD HAFEEZ	2.00									
ALTERNATE BOARD MEMBER - FROM 06/19	0.00	X						0.	0.	0.
(58) JULIE HAMRA	2.00									
ALTERNATE BOARD MEMBER - UNTIL 11/19	0.00	X						0.	0.	0.
(59) DAVID HERING	2.00									
ALTERNATE BOARD MEMBER - UNTIL 02/19	0.00	X						0.	0.	0.
(60) ETLEVA KADILLI	2.00									
ALTERNATE BOARD MEMBER - FROM 10/19	0.00	X						0.	0.	0.
(61) AAMER MEHMOOD KIANI	2.00									
ALTERNATE BOARD MEMBER - UNTIL 06/19	0.00	X						0.	0.	0.
(62) LENE LOTHE	2.00									
ALTERNATE BOARD MEMBER - FROM 01/19	0.00	X						0.	0.	0.
(63) FRANCK MAHONEY	2.00									
ALTERNATE BOARD MEMBER - FROM 11/19	0.00	X						0.	0.	0.
(64) VIOLAINE MITCHELL	2.00									
ALTERNATE BOARD MEMBER	0.00	X						0.	0.	0.
(65) JACQUELINE LYDIA MIKOLO	2.00									
ALTERNATE BOARD MEMBER - FROM 01/19	0.00	X						0.	0.	0.
(66) JAN PAEHLER	2.00									
ALTERNATE BOARD MEMBER - FROM 01/19	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	215,699,982.			
	e Government grants (contributions)	1e	538,676,198.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,810,397.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		800,186,577.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,105,860.			31,105,860.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	3942697244.			
	b Less: cost or other basis and sales expenses	7b	3918467403.			
	c Gain or (loss)	7c	24,229,841.			
	d Net gain or (loss)		24,229,841.			24,229,841.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a FC TRANSLATION ADJ.	900099	24,091,655.			24,091,655.
	b OTHER INCOME	900099	266,165.			266,165.
	c PARKING FEES	900099	8,797.			8,797.
	d All other revenue	900099	7,069.			7,069.
	e Total. Add lines 11a-11d		24,373,686.			
12 Total revenue. See instructions		879,895,964.	0.	0.	79,709,387.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	122,820,497.	122,820,497.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	873,034,257.	873,034,257.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,012,740.	1,839,271.	656,145.	517,324.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,754,785.	20,655,952.	7,902,788.	6,196,045.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,187,139.	4,270,229.	1,634,988.	1,281,922.
9 Other employee benefits	7,664,816.	4,563,501.	1,738,142.	1,363,173.
10 Payroll taxes	756,227.	450,248.	171,483.	134,496.
11 Fees for services (nonemployees):				
a Management				
b Legal	101,559.		101,559.	
c Accounting	349,109.		349,109.	
d Lobbying	295,900.	127,101.	80,174.	88,625.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,607,111.		5,607,111.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	22,477,246.	10,872,640.	5,275,191.	6,329,415.
12 Advertising and promotion	529,580.	213,377.	20,338.	295,865.
13 Office expenses	4,488,554.	2,607,843.	1,088,465.	792,246.
14 Information technology	3,264,907.	1,935,103.	778,002.	551,802.
15 Royalties				
16 Occupancy	2,724,792.	1,583,099.	660,757.	480,936.
17 Travel	5,422,009.	3,771,532.	645,835.	1,004,642.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,284,513.	1,111,946.	1,488,502.	684,065.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,293,924.	751,768.	313,774.	228,382.
23 Insurance	209,717.	121,845.	50,856.	37,016.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING & RECRUITMENT	1,298,053.		1,298,053.	
b MAINTENANCE & REPAIR	9,205.	5,348.	2,232.	1,625.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,100,586,640.	1,050,735,557.	29,863,504.	19,987,579.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	23,959,188.	14,566,043.	5,296,743.	4,096,402.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,240,235.	1	87,205,681.
	2 Savings and temporary cash investments	1,500,477,848.	2	1,411,755,626.
	3 Pledges and grants receivable, net	2,536,192,931.	3	1,475,333,817.
	4 Accounts receivable, net	292,979.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,044,548.	9	54,225,712.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 10,215,313.		
	b Less: accumulated depreciation	10b 7,860,545.	10c	2,354,768.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,162,299,507.	12	1,136,169,765.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	91,134,358.	15	74,213,573.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,329,286,107.	16	4,241,258,942.	
Liabilities	17 Accounts payable and accrued expenses	32,938,397.	17	25,772,660.
	18 Grants payable	1,412,645,531.	18	246,809,463.
	19 Deferred revenue	59,384,265.	19	145,215,800.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	564,612,306.	25	653,867,956.
	26 Total liabilities. Add lines 17 through 25	2,069,580,499.	26	1,071,665,879.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,071,882,501.	27	2,051,335,679.
	28 Net assets with donor restrictions	2,187,823,107.	28	1,118,257,384.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,259,705,608.	32	3,169,593,063.
	33 Total liabilities and net assets/fund balances	5,329,286,107.	33	4,241,258,942.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	879,895,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,100,586,640.
3	Revenue less expenses. Subtract line 2 from line 1	3	-220,690,676.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,259,705,608.
5	Net unrealized gains (losses) on investments	5	87,911,100.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	42,667,031.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,169,593,063.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

CAVI ALLIANCE

Employer identification number

98-0593375

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4337128877.	1588607491.	614,655,000.	596,158,662.	800,186,577.	7936736607.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4337128877.	1588607491.	614,655,000.	596,158,662.	800,186,577.	7936736607.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1930419226.
6 Public support. Subtract line 5 from line 4.						6006317381.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4337128877.	1588607491.	614,655,000.	596,158,662.	800,186,577.	7936736607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,331,310.	11,971,776.	17,988,337.	29,223,123.	31,105,860.	96,620,406.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	118,577.	175,353.	542,556.	430,236.	274,962.	1,541,684.
11 Total support. Add lines 7 through 10						8034020697.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.75	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	76.87	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2015 AMOUNT: \$ 8,269.

2016 AMOUNT: \$ 47,926.

2017 AMOUNT: \$ 407,132.

2018 AMOUNT: \$ 295,261.

2019 AMOUNT: \$ 266,165.

PARKING FEES

2015 AMOUNT: \$ 110,308.

2016 AMOUNT: \$ 127,427.

2017 AMOUNT: \$ 135,424.

2018 AMOUNT: \$ 134,975.

2019 AMOUNT: \$ 8,797.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GAVI ALLIANCE	Employer identification number 98-0593375
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
 - 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		295,900.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			295,900.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

FEES WERE PAID FOR:

1. EDUCATION AND OUTREACH TO MEMBERS OF CONGRESS AND STAFF OF THE HOUSE

AND SENATE COMMITTEES ON APPROPRIATIONS, AND ANY OTHER REQUIRED

COMMITTEES, TO EDUCATE ON AND REQUEST SUPPORT FOR GAVI'S ACTIVITIES.

2. SUPPORT AND GUIDANCE IN POSITIONING GAVI WITH THE ADMINISTRATION, AS

Part IV Supplemental Information (continued)

WELL AS EDUCATIONAL OUTREACH TO MEMBERS OF CONGRESS AND STAFF ON

RELEVANT COMMITTEES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GAVI ALLIANCE

Employer identification number

98-0593375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,149,107.	228,087.	921,020.
d Equipment		1,674,863.	1,478,805.	196,058.
e Other		7,391,343.	6,153,653.	1,237,690.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,354,768.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED LIABILITY COMPANIES AND		
(B) LIMITED PARTNERSHIPS	725,575,753.	END-OF-YEAR MARKET VALUE
(C) REGISTERED INVESTMENT COMPANIES	410,594,012.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,136,169,765.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROCUREMENT ACCOUNTS PAYABLE	626,482,404.
(3) OPERATING LEASE OBLIGATION	26,173,954.
(4) FOREIGN CURRENCY FORWARD CONTRACTS PAYABLE	1,100,692.
(5) DUE TO GAVI AFFILIATES	110,906.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	653,867,956.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

GAVI IS EXEMPT FROM INCOME TAXES IN EACH OF THE JURISDICTIONS IN WHICH IT

HAS OPERATIONS. US GAAP REQUIRES THAT FINANCIAL STATEMENTS REFLECT THE

EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS THAT AN ENTITY

HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN, PRESUMING THE TAX

AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. US

GAAP ALSO REQUIRES THAT AN ENTITY RECOGNISE THE BENEFIT OF TAX POSITIONS

WHEN IT IS MORE LIKELY THAN NOT THAT THE PROVISION WILL BE SUSTAINABLE

BASED ON THE MERITS OF THE POSITION. THE GAVI PERFORMED AN EVALUATION OF

UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED 31 DECEMBER 2019 AND 2018 AND

DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN

THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT

Part XIII Supplemental Information *(continued)*

STATUS. AS OF 31 DECEMBER 2019, THE STATUTES OF LIMITATIONS FOR TAX YEARS

2016 THROUGH 2018 REMAIN OPEN WITH THE UNITED STATES FEDERAL JURISDICTION

OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE GAVI FILES TAX

RETURNS. IT IS THE GAVI GROUP'S POLICY TO RECOGNISE INTEREST OR PENALTIES

RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF

31 DECEMBER 2019 AND 2018, THE GAVI HAD NO ACCRUED INTEREST OR PENALTIES.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

GAVI ALLIANCE

Employer identification number

98-0593375

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers, Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		59,927,364.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		483,849,566.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		134,725,470.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		44,791,138.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,443,611.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		7,429,094.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		11,277,911.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		569,500.
3 a Subtotal	0	0			744,013,654.
b Total from continuation sheets to Part I	1	282			1,964,911,517.
c Totals (add lines 3a and 3b)	1	282			2,708,925,171.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		129,020,603.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	~ 0	INVESTMENTS		1,761,944,577.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	282	PROGRAM SERVICES	COUNTRY PROGRAMMES MGMT. & OVERSIGHT, POLICY & PERFORMANCE, AND OPERATIONS	53,600,243.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		20,346,094.
Totals	1	282			1,964,911,517.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	WORK PLAN	5,226.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	WORK PLAN	2,810,520.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	WORK PLAN	49,050.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SOUTH ASIA	COUNTRY PROGRAMMES	14,400.	BOARD APPROVAL/WIRE TRANSFER	17,594,885.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
			SUB-SAHARAN AFRICA	WORK PLAN	20,353.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	WORK PLAN	346,703.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	602,736.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		6,834,437.	VACCINE SUPPORT	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

98-0593375

GAVI ALLIANCE

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	0.		6,144.	VACCINE SUPPORT	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	0.		203,500.	VACCINE SUPPORT	FMV
		SOUTH ASIA	COUNTRY PROGRAMMES	23,977,275.	BOARD APPROVAL/WIRE TRANSFER	13,034,013.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		2,576,426.	VACCINE SUPPORT	FMV
		SOUTH ASIA	COUNTRY PROGRAMMES	0.		8,364.	VACCINE SUPPORT	FMV
		SOUTH AMERICA	COUNTRY PROGRAMMES	0.		472,000.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	WORK PLAN	137,914.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	7,743,417.	BOARD APPROVAL/WIRE TRANSFER	15,122,721.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		5,448,551.	VACCINE SUPPORT	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WORK PLAN	112,849.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	9,322,283.	BOARD APPROVAL/WIRE TRANSFER	475,082.	VACCINE SUPPORT	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	294,581.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,811,115.	BOARD APPROVAL/WIRE TRANSFER	3,504,393.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	WORK PLAN	503,566.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,452,456.	BOARD APPROVAL/WIRE TRANSFER	4,282,925.	VACCINE SUPPORT	FMV
		SOUTH ASIA	WORK PLAN	19,451.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WORK PLAN	397,738.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SOUTH AMERICA	WORK PLAN	60,000.	BOARD APPROVAL/WIRE TRANSFER	0.		

Part IIContinuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		1,607,677.	VACCINE SUPPORT	FMV	
		SOUTH ASIA	WORK PLAN	199,027.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	92,176.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		41,220.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		6,511.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	41,726,525.	BOARD APPROVAL/WIRE TRANSFER	67,665,962.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	WORK PLAN	424,606.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	62,678.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	894,242.	BOARD APPROVAL/WIRE TRANSFER	0.			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1. (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	0.		176,500.	VACCINE SUPPORT	FMV	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	1,024,666.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	390,228.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	174,300.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	293,825.	BOARD APPROVAL/WIRE TRANSFER	72,055.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	WORK PLAN	7,581.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	115,305.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	9,179,064.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	101,035.	BOARD APPROVAL/WIRE TRANSFER	0.			

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Schedule F (Form 990)

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	WORK PLAN	266,807.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	200,357.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WORK PLAN	721,509.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		289,659.	VACCINE SUPPORT	FMV
		EAST ASIA AND THE PACIFIC	WORK PLAN	51,638.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	801,702.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	10,250,359.	BOARD APPROVAL/WIRE TRANSFER	19,462,023.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	98,377.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SOUTH ASIA	WORK PLAN	2,456,266.	BOARD APPROVAL/WIRE TRANSFER	0.		

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		323,576.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA			BOARD APPROVAL/WIRE TRANSFER	1,255,030.	VACCINE SUPPORT	FMV	
			COUNTRY PROGRAMMES	380,892.					
		SOUTH AMERICA	COUNTRY PROGRAMMES	0.		37,500.	VACCINE SUPPORT	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN			BOARD APPROVAL/WIRE TRANSFER		VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COUNTRY PROGRAMMES	2,120,131.		7,311,515.			
			WORK PLAN	129,896.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	WORK PLAN	199,520.	BOARD APPROVAL/WIRE TRANSFER	0.			
		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	0.		758,500.	VACCINE SUPPORT	FMV	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	1,733,391.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SOUTH ASIA	COUNTRY PROGRAMMES	22,450,934.	BOARD APPROVAL/WIRE TRANSFER	9,991,137.	VACCINE SUPPORT	FMV	

Schedule F (Form 990) (Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1))									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	WORK PLAN	157,160.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	322,370.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	215,406.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	WORK PLAN	568,819.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	50,211.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SOUTH ASIA	WORK PLAN	112,747.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		6,937,805.	VACCINE SUPPORT	FMV
			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	0.		5,431.	VACCINE SUPPORT	FMV
			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	2,324,664.	BOARD APPROVAL/WIRE TRANSFER	7,212,250.		FMV

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	WORK PLAN	55,463.		0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	378,409.	BOARD APPROVAL/WIRE TRANSFER	1,533,627.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	533,067.	BOARD APPROVAL/WIRE TRANSFER	860,225.	VACCINE SUPPORT	FMV
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	41,265.	BOARD APPROVAL/WIRE TRANSFER	481,649.	VACCINE SUPPORT	FMV
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,470,082.	BOARD APPROVAL/WIRE TRANSFER	4,567,741.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
			SOUTH ASIA	WORK PLAN	575,360.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	1,657,663.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		3,956,480.	VACCINE SUPPORT	FMV
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	81,575.	BOARD APPROVAL/WIRE TRANSFER	0.		

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Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		7,967,534.	VACCINE SUPPORT	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	20,550.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	100,180.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		1,750,995.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	WORK PLAN	11,941.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WORK PLAN	183,812.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	WORK PLAN	294,014.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	56,341.	BOARD APPROVAL/WIRE TRANSFER	0.		

Part II. Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	45,611.	BOARD APPROVAL/WIRE TRANSFER	0.			
		RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	0.					
		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	0.		14,989.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	4,501,180.	BOARD APPROVAL/WIRE TRANSFER	3,489,218.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV	
		EAST ASIA AND THE PACIFIC	WORK PLAN	449,671.	BOARD APPROVAL/WIRE TRANSFER	0.			
		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	3,327,111.	BOARD APPROVAL/WIRE TRANSFER	15,561,847.	VACCINE SUPPORT	FMV	
		SOUTH ASIA	COUNTRY PROGRAMMES	10,466,026.	BOARD APPROVAL/WIRE TRANSFER	2,426,132.	VACCINE SUPPORT	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	337,000.	BOARD APPROVAL/WIRE TRANSFER	574,265.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	4,044,615.	BOARD APPROVAL/WIRE TRANSFER	6,449,695.	VACCINE SUPPORT	FMV	

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Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	47,736,297.	BOARD APPROVAL/WIRE TRANSFER	52,071,972.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
		SUB-SAHARAN AFRICA	WORK PLAN	150,251.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SOUTH ASIA	COUNTRY PROGRAMMES	31,132,646.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	9,468,779.	BOARD APPROVAL/WIRE TRANSFER	2,099,123.	VACCINE SUPPORT	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	914,909.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WORK PLAN	271,700.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	170,291.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	260,430.	BOARD APPROVAL/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	91,886.	BOARD APPROVAL/WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	984,000.	BOARD APPROVAL/WIRE TRANSFER	4,892,661.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	500,000.	BOARD APPROVAL/WIRE TRANSFER	68,190.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		2,137,307.	VACCINE SUPPORT.	FMV	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	480,000.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	WORK PLAN	115,658.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	WORK PLAN	208,887.	BOARD APPROVAL/WIRE TRANSFER	0.			
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	635,525.	BOARD APPROVAL/WIRE TRANSFER	268,388.	VACCINE SUPPORT	FMV	
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	16,097,469.	BOARD APPROVAL/WIRE TRANSFER	2,455,547.	VACCINE SUPPORT	FMV	
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	76,162.	BOARD APPROVAL/WIRE TRANSFER	0.			

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Schedule F (Form 990)

Part IIContinuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	17,458,326.	BOARD APPROVAL/WIRE TRANSFER	2,387,322.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,239,442.	BOARD APPROVAL/WIRE TRANSFER	8,861,314.	VACCINE SUPPORT	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	399,112.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WORK PLAN	84,579.	BOARD APPROVAL/WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	391,481.	BOARD APPROVAL/WIRE TRANSFER	908,487.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,558,516.	BOARD APPROVAL/WIRE TRANSFER	11,507,509.	VACCINE SUPPORT	FMV
		EAST ASIA AND THE PACIFIC	WORK PLAN	77,071.	BOARD APPROVAL/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		3,555,890.	VACCINE SUPPORT	FMV
		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	0.		7,762,955.	VACCINE SUPPORT	FMV

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	1,407,447.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	922,238.	BOARD APPROVAL/WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	WORK PLAN	21,821.	BOARD APPROVAL/WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	3,992,457.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	843,120.	BOARD APPROVAL/WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	WORK PLAN	46,814,372.	BOARD APPROVAL/WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	0.		1,443,611.	VACCINE SUPPORT	FMV
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,211,122.	BOARD APPROVAL/WIRE TRANSFER	7,716,071.	VACCINE SUPPORT	FMV
			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,911,600.	BOARD APPROVAL/WIRE TRANSFER	19,191,534.	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) ☒ Yes ☐ No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GAVI MONITORS THE USE OF GRANT SUPPORT AND PROTECTS AGAINST CORRUPTION

AND FRAUD THROUGH COLLABORATION WITH PARTNERS, THROUGH THE MAINTENANCE

AND IMPLEMENTATION OF ROBUST POLICIES AND PROCEDURES, GRANT TERMS AND

CONDITIONS, AND AN AUDIT AND INVESTIGATIONS FUNCTION.

POLICIES AND PROCEDURES:

ALL APPLICATIONS FOR NEW SUPPORT, AND REQUESTS FOR CONTINUED SUPPORT,

REQUIRE AN ENDORSEMENT AND SIGNATURES FROM A NATIONAL COORDINATION BODY

WHICH IN THE CASE OF NEW VACCINES SUPPORT, IS THE INTER-AGENCY

COORDINATION COMMITTEE (ICC). THE ICC INCLUDES ON ITS MEMBERSHIP, IN

ADDITION TO HIGH LEVEL REPRESENTATION OF THE GOVERNMENT OF GAVI

COUNTRIES, GAVI PARTNERS SUCH AS THE WORLD HEALTH ORGANIZATION, UNICEF,

NGO GOVERNMENTAL ORGANIZATIONS AND DONOR GOVERNMENTS. IN THE CASE OF CASH

SUPPORT FOR HEALTH SYSTEM STRENGTHENING, ENDORSEMENT IS REQUIRED FROM THE

HEALTH SECTOR COORDINATION COMMITTEE (HSCC) OR OTHER SIMILAR INTER-AGENCY

COMMITTEE WHICH ALSO INCLUDES THE GOVERNMENT, BILATERAL, MULTILATERAL

AGENCIES AND CIVIL SOCIETY REPRESENTATIVES.

IN ADDITION, THE APPLICATIONS SUBMITTED MUST INCLUDE THE SIGNATURES OF

THE MINISTER OF HEALTH AND THE MINISTER OF FINANCE. THE GAVI NEW

APPLICATIONS GUIDELINES PROVIDE DETAILS ON GAVI SUPPORT, INCLUDING

GENERAL PRINCIPLES AND THE PROCESS FOR APPLYING AND MONITORING

ACTIVITIES. A PARTNERSHIP FRAMEWORK AGREEMENT IS ENTERED INTO BETWEEN

GAVI AND COUNTRIES THAT SETS OUT THE TERMS AND CONDITIONS GOVERNING GAVI

SUPPORT.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

THE MAIN TOOLS/APPROACHES USED BY GAVI TO MONITOR THE USE OF GAVI SUPPORT

ARE THE FOLLOWING:

(1) IN-COUNTRY COORDINATING AND SUPERVISORY COMMITTEES (ICC AND HSCC);

(2) ROUTINE MONITORING MISSIONS IN-COUNTRY, LED BY SENIOR COUNTRY

MANAGERS, WORKING WITH PARTNERS AND IN-COUNTRY COUNTERPARTS AS WELL AS

FORMAL ANNUAL JOINT APPRAISALS THAT REVIEW PERFORMANCE OF ALL GRANTS;

(3) FOR CASH GRANTS - ONGOING INTERNAL AND PERIODIC EXTERNAL AUDITS ON

TOP OF ROUTINE FINANCIAL REPORTING REQUIREMENTS;

(4) THE PROGRAMME CAPACITY ASSESSMENTS THAT INDEPENDENTLY ASSESS

FINANCIAL MANAGEMENT ARRANGEMENTS AND PROGRAMMATIC/MANAGEMENT CAPACITIES

IN-COUNTRY AS WELL AS INVESTIGATIONS IN CASES OF SUSPECTED OR ACTUAL

MISUSE OF FUNDS; AND

(5) ROUTINE QUANTITATIVE AND QUALITATIVE REPORTING THROUGH GRANT

PERFORMANCE FRAMEWORKS, REQUIRED REPORTS/EVALUATIONS/SURVEYS/ASSESSMENTS

SUBMITTED TO GAVI BY RECIPIENT GOVERNMENTS AND ASSESSED BY THE HIGH-LEVEL

REVIEW PANEL/SENIOR MANAGEMENT.

COLLABORATION WITH PARTNERS:

GAVI MAINTAINS FORMAL AND INFORMAL CONTACT WITH THE PARTNERS (THE BILL &

MELINDA GATES FOUNDATION, UNICEF, WHO, THE WORLD BANK GROUP, CIVIL

SOCIETY ORGANIZATIONS, DEVELOPING COUNTRY GOVERNMENTS, DEVELOPING COUNTRY

PHARMACEUTICAL INDUSTRY, INDUSTRIALISED COUNTRY GOVERNMENTS,

INDUSTRIALISED COUNTRY PHARMACEUTICAL INDUSTRY, RESEARCH AND TECHNICAL

HEALTH INSTITUTES) AT VARIOUS LEVELS TO HELP ENSURE THAT RELEVANT

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INFORMATION ABOUT SUSPECTED AND ACTUAL CASES OF CORRUPTION AND MISUSE OF

FUNDS IS SHARED ON A TIMELY BASIS.

GAVI ENGAGES UNICEF, A KEY PARTNER IN GAVI, THE VACCINE ALLIANCE, FOR THE

PURCHASE AND DELIVERY OF VACCINES. UNICEF MANAGES VACCINE LOGISTICS AND

DELIVERY IN ACCORDANCE WITH ITS INTERNAL CONTROLS AND INTERNAL AND

EXTERNAL AUDITS AS MANDATED BY ITS MEMBER STATES. GAVI AND UNICEF HAVE

ENTERED INTO VARIOUS AGREEMENTS WHICH PROVIDE FOR CONFIRMATIONS,

ASSURANCES AND INFORMATION REGARDING UNICEF ACTIVITIES CARRIED OUT ON

BEHALF OF THE ALLIANCE.

AUDIT AND INVESTIGATIONS:

THE PRIMARY RESPONSIBILITY OF THE AUDIT AND INVESTIGATIONS FUNCTION IS TO

EVALUATE AND THUS HELP STRENGTHEN RISK MANAGEMENT, CONTROL AND GOVERNANCE

PROCESSES WITHIN THE SECRETARIAT, A RESPONSIBILITY WHICH EXTENDS TO THE

PROGRAMS AND ACTIVITIES OF IMPLEMENTING COUNTRIES AND PARTNERS. THE

MANAGING DIRECTOR OF AUDIT AND INVESTIGATION REPORTS TO GAVI'S BOARD OF

DIRECTORS, WHICH IS ACHIEVED THROUGH ROUTINE REPORTING TO THE AUDIT AND

FINANCE COMMITTEE, AND THE CHIEF EXECUTIVE OFFICER. THE BOARD OF

DIRECTORS SOLELY HAS THE AUTHORITY TO APPOINT AND TERMINATE THE MANAGING

DIRECTOR OF AUDIT AND INVESTIGATIONS UPON THE RECOMMENDATION OF THE AUDIT

AND FINANCE COMMITTEE.

THE TRANSPARENCY AND ACCOUNTABILITY POLICY (TAP):

THROUGH TAP, GAVI IS ABLE TO ENSURE THAT ALL GAVI SUPPORT AT COUNTRY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

LEVEL IS MANAGED IN A TRANSPARENT AND ACCOUNTABLE MANNER THROUGH SYSTEMS

THAT INCLUDE APPROPRIATE OVERSIGHT MECHANISMS, AND THAT THE SUPPORT IS

USED ACCORDING TO THE PROGRAMME OBJECTIVES AS OUTLINED IN INDIVIDUAL

COUNTRY AGREEMENTS. THE POLICY GOVERNS THE TRANSPARENCY AND

ACCOUNTABILITY ASPECTS OF GAVI SUPPORT PROVIDED IN THE FORM OF CASH,

VACCINES AND VACCINE DEVICES AT COUNTRY LEVEL. THE PRINCIPLES GOVERNING

TAP INCLUDE: RESPECT AID EFFECTIVENESS PRINCIPLES; FOCUS ON PREVENTION;

RELATE MONITORING TO RISK; PROMOTE FLEXIBILITY AND COUNTRY OWNERSHIP;

PROMOTE MUTUAL ACCOUNTABILITY; AND STRENGTHEN COUNTRY SYSTEMS. TAP AIMS

TO RETAIN FLEXIBLE AND NON-PERSPECTIVE APPROACH TO ALLOW FOR DIFFERENCES

IN COUNTRY CONTEXT AND ENHANCES CONTINUED EFFORTS BY GAVI TO SUPPORT

SUSTAINABLE DEVELOPMENT OF COUNTRY CAPACITY.

PART I, LINE 3:

THE ALLIANCE REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD

USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

PART I, LINE 3, COLUMN (D)

RECIPIENTS REFER TO COUNTRIES OR PARTNERS LOCATED IN THE REGION.

PART II, LINE 1

THE ALLIANCE REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD

USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GAVI ALLIANCE

Employer identification number
98-0593375

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABT ASSOCIATES 10 FAWCETT STREET CAMBRIDGE, MA 02138	04-2347643		14,837.	0.			PARTNER SUPPORT
BIOSTAT GLOBAL CONSULTING LLC 330 BLANDFORD DRIVE - KILBOURNE VIL WORTHINGTON, OH 43085	47-1274029		39,393.	0.			PARTNER SUPPORT
BROWN CONSULTING GROUP INTERNATIONAL LLC - 19701 BETHEL CHURCH ROAD, SUITE 103 168 - CORNELIUS, NC 28031			60,107.	0.			PARTNER SUPPORT
CARDNO EMERGING MARKETS USA LTD. COLONIAL PLACE III, 2107 WILSON BOULEVARD, SUITE 800 - ARLINGTON, VA 22201			404,470.	0.			PARTNER SUPPORT
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30303			5,335,822.	0.			PARTNER SUPPORT
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30303	58-2106707	501(C)(3)	7,323,438.	0.			PARTNER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

21.

3 Enter total number of other organizations listed in the line 1 table

12.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE, SUITE 400 BOSTON, MA 02127	27-1414646	501(C)(3)	1,649,612.	0.			PARTNER SUPPORT
EMORY UNIVERSITY 201 DOWNMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	140,679.	0.			PARTNER SUPPORT
GLOBAL DEVELOPMENT SUPPORT 1300 L STREET, NW, SUITE 920 WASHINGTON DC, DC 20005			278,139.	0.			PARTNER SUPPORT
HARVARD - PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138	501(C)(3)		167,169.	0.			PARTNER SUPPORT
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	353,652.	0.			PARTNER SUPPORT
JHP/IEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	1,046,543.	0.			PARTNER SUPPORT
JOHN SNOW INC 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580		181,199.	0.			PARTNER SUPPORT
JOHNS HOPKINS UNIVERSITY 1101 E.33RD STREET, SUITE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	343,533.	0.			PARTNER SUPPORT
JSI RESEARCH & TRAINING INSTITUTE, INC. - 2733 CRYSTAL DRIVE, 4TH FLOOR - ARLINGTON, VA 22202	04-2679824	501(C)(3)	5,575,752.	0.			PARTNER SUPPORT

Schedule I (Form 980)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAST MILE HEALTH P.O. BOX 130122 BOSTON, MA 02113	26-1401736	501(C)(3)	27,622.	0.			PARTNER SUPPORT
LIVING GOODS 220 HALLECK STREET, SUITE 2008 SAN FRANCISCO, CA 94129	20-5010527	501(C)(3)	42,616.	0.			PARTNER SUPPORT
MASTERCARD INTERNATIONAL INC. 200 PURCHASE STREET, PURCHASE NEW YORK, NY 10577	95-2536378		1,306,602.	0.			PARTNER SUPPORT
NEXLEAF ANALYTICS 1964 WESTWOOD BOULEVARD LOS ANGELES, CA 90025	90-0514027	501(C)(3)	2,395,092.	0.			PARTNER SUPPORT
PAN AMERICAN SANITARY BUREAU 525 TWENTY-THIRD STREET, NW WASHINGTON DC, DC 20037			2,320,615.	0.			PARTNER SUPPORT
PARSYL INC. 2714 WALNUT STREET DENVER, CO 80205	81-4027966		750,000.	0.			PARTNER SUPPORT
PATH 2201 WESTLAKE AVENUE SEATTLE, WA 98109	91-1157127	501(C)(3)	2,690,121.	0.			PARTNER SUPPORT
RESULTS FOR DEVELOPMENT INSTITUTE 1111 19TH STREET, NW, SUITE 700 WASHINGTON DC, DC 20036	20-8530747	501(C)(3)	697,930.	0.			PARTNER SUPPORT
SABIN VACCINE INSTITUTE 2175 K STREET, NW, SUITE 400 WASHINGTON DC, DC 20037	06-1389829	501(C)(3)	93,396.	0.			PARTNER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ASPEN INSTITUTE 2300 N STREET, NW, SUITE 700 WASHINGTON DC, DC 20037	84-0399006	501(C)(3)	562,858.	0.			PARTNER SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027			28,595.	0.			PARTNER SUPPORT
THE WORLD BANK (IBRD) 1818 H STREET WASHINGTON DC, DC 20433			19,515,716.	0.			PARTNER SUPPORT
UNICEF 333 EAST 38TH STREET NEW YORK, NY 10116	13-1760110	501(C)(3)	63,963,177.	0.			PROCUREMENT FEE & PARTNER SUPPORT
VILLAGE REACH 2900 EASTLAKE AVE. E, SUITE 230 SEATTLE, WA 98102	91-2083484	501(C)(3)	1,729,446.	0.			PARTNER SUPPORT
VITAL WAVE INC 555 BRYANT STREET PALO ALTO, CA 94301			71,733.	0.			PARTNER SUPPORT
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	943,853.	0.			PARTNER SUPPORT
ZENYIS TECHNOLOGIES INC 2325 3RD STREET, #213 SAN FRANCISCO, CA 94107			216,780.	0.			PARTNER SUPPORT
ZIPLINE INTERNATIONAL INC 495 PINE AVENUE HALF MOON BAY, CA 94019	45-3197601		2,550,000.	0.			PARTNER SUPPORT

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

GAVI ALLIANCE

Employer identification number

98-0593375

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(1) DR. SETH BERKLEY CHIEF EXECUTIVE OFFICER	(i) 387,518.	0.	223,881.		87,328.	14,211.	712,938.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(2) ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	(i) 314,086.	3,132.	0.		70,780.	7,218.	395,216.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(3) PATRICIA KUO HEAD, FUNDING DESIGN/REVIEW	(i) 184,473.	0.	154,863.		39,281.	7,581.	386,198.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(4) TONY DUTSON SR DIR, FIN/CHIEF ACCOUNTING OFFICER	(i) 228,303.	2,261.	51,428.		50,133.	17,900.	350,025.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(5) SIMON LAMB MNG DIR, AUDIT/INVESTIGATIONS	(i) 259,821.	909.	0.		58,551.	12,260.	331,541.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(6) ALEX DE FAUQUE DE JONQUIERES DIR, HEALTH SYSTEMS/IMM, STR	(i) 209,239.	0.	48,738.		45,642.	9,784.	313,403.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(7) PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT/INFO	(i) 242,012.	0.	0.		54,156.	16,369.	312,537.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(8) EDMUND GROVE DIRECTOR, PROGRAMME AUDIT	(i) 205,106.	0.	48,738.		44,588.	9,784.	308,216.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(9) MARIE-ANGE SARAKA-YAO MANAGING DIR, RES MOBL./PARTNERSHIPS	(i) 247,647.	0.	0.		55,651.	3,609.	306,907.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(10) AURELIA NGUYEN MANAGING DIR, VACCINES & SUSTAIN.	(i) 236,399.	0.	0.		52,679.	6,175.	295,253.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(11) PHILIP ARMSTRONG DIRECTOR, GOVERNANCE	(i) 187,435.	0.	0.		40,747.	6,617.	234,799.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(12) ASSIETOU DIOUF MNG DIR, FIN & OPS - FROM 04/19	(i) 157,664.	0.	17,518.		34,439.	10,827.	220,448.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(13) BARRY GREENE MNG DIR, FIN & OPS - UNTIL 07/19	(i) 151,562.	2,600.	0.		34,155.	4,211.	192,528.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(14) HIND KAHATIB-OTHMAN MNG DIR, COUNTRY PROG - UNTIL 07/19	(i) 151,562.	2,600.	0.		34,155.	2,105.	190,422.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(i) 0.	0.	0.	0.		0.	0.	0.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.
(i) 0.	0.	0.	0.		0.	0.	0.	0.
(ii) 0.	0.	0.	0.		0.	0.	0.	0.

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

UNDER AN AGREEMENT WITH THE SWISS GOVERNMENT, NON-SWISS EMPLOYEES OF THE

GAVI ALLIANCE WORKING IN GENEVA, SWITZERLAND ARE EXEMPT FROM SWISS FEDERAL,

CANTONAL AND COMMUNAL TAXES ON SALARIES AND ALLOWANCES PAID TO THEM BY THE

GAVI ALLIANCE. AS THE GAVI ALLIANCE IN GENEVA OPERATES AN INTERNAL TAX

SCHEME, EMPLOYEES OF SWISS NATIONALITY ARE ALSO EXEMPT FROM SWISS FEDERAL,

CANTONAL AND COMMUNAL TAXES ON SALARIES AND ALLOWANCES PAID TO THEM BY THE

GAVI ALLIANCE. TO ENSURE EQUITY AMONGST GAVI EMPLOYEES, CERTAIN ELIGIBLE

EMPLOYEES WHO HAVE A FOREIGN TAX LIABILITY ON THEIR GAVI SALARY AND

ALLOWANCES (E.G. US NATIONALS AND EMPLOYERS LIVING IN FRANCE) MAY RECEIVE

ASSISTANCE FROM GAVI IN MEETING THEIR TAX OBLIGATIONS IN ACCORDANCE WITH

GAVI'S FOREIGN TAX POLICY.

IN ADDITION, FOR THE YEAR ENDED DECEMBER 31, 2019, THE CHIEF EXECUTIVE

OFFICER RECEIVED A HOUSING ALLOWANCE WHICH WAS TREATED AS TAXABLE

COMPENSATION.

PART I, LINE 4A:

PATRICIA KUO, HEAD, FUNDRAISING DESIGN AND REVIEW, RECEIVED A SEVERANCE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PAYMENT OF \$116,526, DURING THE YEAR ENDED DECEMBER 31, 2019.

PART I, LINE 7:

THE BONUSES RECEIVED BY ANURADHA GUPTA, DEPUTY CHIEF EXECUTIVE OFFICER,

TONY DUTSON, SENIOR DIRECTOR OF FINANCE & CHIEF ACCOUNTING OFFICER, SIMON

LAMB, MANAGING DIRECTOR OF AUDIT & INVESTIGATIONS, BARRY GREENE, MANAGING

DIRECTOR OF FINANCE AND OPERATIONS, AND HIND KAHATIB-OTHMAN, MANAGING

DIRECTOR OF COUNTRY PROGRAMMES, WERE BASED UPON AN APPRAISAL OF THEIR

PERFORMANCE.

SCHEDULE J, PART II, COLUMN (B)(III):

OTHER REPORTABLE COMPENSATION - THIS INCLUDES ALLOWANCES DUE TO

EMPLOYEES UNDER GAVI'S HR POLICY, INCLUDING ALLOWANCES FOR RELOCATION,

EDUCATION GRANT AND REIMBURSEMENT OF NON-SWISS TAXES ON GAVI INCOME.

SCHEDULE J, PART II:

GAVI REPORTED COMPENSATION

ALL VALUES IN SWISS FRANCS (CHF)

A	B	C	D	E	F	G
---	---	---	---	---	---	---

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

		BONUS	OTHER	REPORTED	COMP	RETIRE	NONTAX			
		BASE	AND	TAX	EDU	MENT	ABLE			
		COMP	INC	REIMB	GRANT	BENEFITS	PLAN	HEALTH	INS	
DR. SETH BERKLEY										
2018	378,299	0	159,434	48,400	18,000	85,250	13,580			
2019	384,832	0	155,929	48,400	18,000	86,723	14,112			
BARRY GREENE										
2018	258,020	2,582	0	0	0	58,145	8,036			
2019	150,512	2,582	0	0	0	33,918	4,181			
ASSIETOU DIOUF										
2019	156,572	0	0	0	0	34,200	10,752			
PHILIP ARMSTRONG										
2018	201,452	0	0	0	0	43,705	6,888			
2019	186,135	0	0	0	0	40,464	6,571			
ANURADHA GUPTA										
2018	300,015	0	0	0	0	67,609	6,888			
2019	311,909	3,110	0	0	0	70,289	7,168			
HIND KHATIB-OTTMAN										

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

2018	258,020	2,582	0	0	0	0	0	58,145	3,444
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2019	150,512	2,582	0	0	0	0	0	33,918	2,091
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PASCAL BAROLLIER

2018	238,291	0	0	24,200	0	53,249	13,174
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2019	240,334	0	0	0	0	53,781	16,255
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MARIE-ANGE SARAKA-YAO

2018	243,838	0	0	0	0	54,718	3,444
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2019	245,930	0	0	0	0	55,265	3,584
------	---------	---	---	---	---	--------	-------

AURELIA NGUYEN

2018	224,968	0	0	0	0	49,252	5,880
------	---------	---	---	---	---	--------	-------

2019	234,760	0	0	0	0	52,314	6,132
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PATRICIA KUO

2019	183,194	0	33,860	0	119,929	39,008	7,528
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TONY DUTSON

2018	226,721	2,246	0	21,200	3,600	49,786	17,163
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2019	226,721	2,246	0	21,200	29,872	49,786	17,776
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ALEX DE FAUQUE DE JONQUIERES

2019	207,789	0	0	48,400	0	45,325	9,716
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SIMON LAMB

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

2018	253,845	0	0	0	0	0	57,205	13,776
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2019	258,020	903	0	0	0	0	58,145	12,176
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EDMUND GROVE

2019	203,684	0	0	48,400	0	44,279	9,716
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ALAN BROOKS

2018	84,312	0	22,287	0	173,840	27,814	6,216
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DAVID NIX

2018	194,701	0	48,912	72,600	0	41,956	10,332
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JEFFREY ROWLAND

2018	191,007	1,259	24,393	21,822	23,845	43,739	9,324
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THE CHF-USD EXCHANGE RATE IS 1.02451 IN 2018 AND 1.00698 IN 2019.

THE FULL TEXT OF THE ABBREVIATED HEADINGS IN THE TABLE ABOVE ARE AS

FOLLOWS:

A - BASE COMPENSATION

B - BONUS AND INCENTIVE

"OTHER REPORTED COMPENSATION" INCLUDES THE FOLLOWING:

C - US TAX REIMBURSEMENT

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

D - EDUCATION GRANT

E - OTHER BENEFITS

F - RETIREMENT PLAN

G - NON-TAXABLE HEALTH INSURANCE

SCHEDULE J, PART III:

ALL OF GAVI ALLIANCE'S HIGHEST COMPENSATED EMPLOYEES ARE BASED IN

GENEVA, SWITZERLAND. THESE EMPLOYEES' SALARIES REFLECTED THE COST OF

LIVING IN GENEVA AND INCLUDE BENEFITS SUCH AS EDUCATION GRANT. THE

BENEFITS PROVIDED TO EMPLOYEES ARE COMPARABLE TO THOSE PROVIDED BY

OTHER INTERNATIONAL NOT-FOR-PROFIT ORGANISATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GAVI ALLIANCE

Employer identification number
98-0593375

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOWER-INCOME COUNTRIES.

FORM 990, PART I, LINE 13

THE DECREASE IN GRANTS FROM \$1.9 BILLION IN 2018 TO \$996 MILLION IN

2019 WAS DUE TO THE CHANGE IN ACCOUNTING POLICY AS A RESULT OF THE

PROSPECTIVE ADOPTION OF ACCOUNTING STANDARDS UPDATE NO. 2018-08

NOT-FOR-PROFIT ENTITIES (TOPIC 958): CLARIFYING THE SCOPE AND THE

ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE,

A NEW ACCOUNTING STANDARD WHICH WAS ISSUED BY THE FINANCIAL ACCOUNTING

STANDARDS BOARD EFFECTIVE JANUARY 1, 2019.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SLIGHTLY TO 81% FROM 80% IN 2018, BUT GAVI IS STILL NOT ON TRACK TO

REACH OUR 2020 TARGETS. ONE MILLION MORE CHILDREN WERE PROTECTED WITH

THE THIRD DOSE IN 2019 COMPARED WITH 2018, AND 3.5 MILLION MORE

CHILDREN THAN IN 2015 (AN INCREASE OF 6%). HOWEVER, POPULATION GROWTH

MEANS THAT COVERAGE IS NOT RISING AS QUICKLY.

ON BREADTH OF PROTECTION, THE PERCENTAGE OF CHILDREN REACHED WITH THE

LAST DOSE OF VACCINES RECOMMENDED ACROSS ALL GAVI-SUPPORTED COUNTRIES

(AND THE LAST DOSE OF THREE VACCINES SPECIFIC TO CERTAIN REGIONS)

AVERAGED 56% IN 2019, AN INCREASE OF 5 PERCENTAGE POINTS COMPARED WITH

2018. GAVI IS ON TRACK TO REACH THE TARGET OF 62% FOR THE END OF THE

STRATEGIC PERIOD IN 2020; HOWEVER, THIS WILL LIKELY BE IMPACTED BY THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-08-19

Name of the organization	Employer identification number
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COVID-19 PANDEMIC, WHICH HAS BOTH DELAYED VACCINE INTRODUCTIONS AND

AFFECTED COVERAGE.

INCREASING THE EFFECTIVENESS AND EFFICIENCY OF IMMUNISATION DELIVERY AS

AN INTEGRATED PART OF STRENGTHENED HEALTH SYSTEMS

GAVI-SUPPORTED COUNTRIES ACHIEVED AN AVERAGE EFFECTIVE VACCINE

MANAGEMENT (EVM) SCORE OF 70% IN 2019, UNCHANGED FROM 2018, AND GAVI IS

SLIGHTLY OFF TRACK TO ACHIEVE THE 2020 TARGET OF 72%. SUPPLY CHAINS

CONTINUE TO BE STRENGTHENED WITH ALLIANCE SUPPORT: ALL SIX COUNTRIES

THAT CONDUCTED A NEW EVM IN 2019 IMPROVED THEIR COMPOSITE SCORE BY AN

AVERAGE OF 6.5 POINTS.

WITH RESPECT TO DATA QUALITY, 45% OF COUNTRIES REPORTED ADMINISTRATIVE

COVERAGE DATA WITHIN 10 PERCENTAGE POINTS OF SURVEY COVERAGE, UNCHANGED

FROM 2018. THIS MEANS THAT GAVI IS NOT ON TRACK TO ACHIEVE THE 2020

TARGET OF 55%.

THE IMPACT OF COVID-19 WAS NOT YET FELT IN 2019 BUT WILL HAVE A

SIGNIFICANT EFFECT ON HEALTH SYSTEMS AND IMMUNISATION PROGRAMMES IN

2020 AND BEYOND.

IMPROVING SUSTAINABILITY OF NATIONAL IMMUNISATION PROGRAMMES

98% OF COUNTRIES PAID THEIR CO-FINANCING OBLIGATIONS BEFORE THE END OF

2019 UP FROM 94% IN 2018 AND THE HIGHEST PROPORTION SINCE THE

CO-FINANCING POLICY WAS INTRODUCED IN 2008.

BY THE END OF 2019, 67% OF COUNTRIES IN THE ACCELERATED TRANSITION

PHASE WERE ON TRACK TO TRANSITION SUCCESSFULLY. THIS IS AN INCREASE

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FROM 56% IN 2018, CONFIRMING A POSITIVE TRAJECTORY TOWARDS THE TARGET

OF 75% BY 2020. THE THREE (OUT OF NINE) COUNTRIES THAT MISSED THE

CRITERIA TO BE CONSIDERED ON TRACK FOR SUCCESSFUL TRANSITION DID SO

BECAUSE OF THEIR DTP3 COVERAGE LEVEL. THIS HIGHLIGHTS THE IMPORTANCE OF

OUR PROGRAMMATIC SUSTAINABILITY WORK WITH COUNTRIES, WHICH WILL BE

FURTHER EXPANDED IN GAVI 5.0. BY THE END OF 2019, 16 COUNTRIES HAD

TRANSITIONED OUT OF GAVI SUPPORT. TRANSITIONED COUNTRIES ARE FULLY

FINANCING ALL VACCINE PROGRAMMES INTRODUCED WITH GAVI SUPPORT.

ALL COUNTRIES (100%) MET THEIR 2018 CO-FINANCING COMMITMENTS IN THAT

YEAR OR CAME OUT OF DEFAULT BY THE END OF 2019. IN ADDITION, 98% OF

COUNTRIES WITH CO-FINANCING OBLIGATIONS DUE BY DECEMBER 2019 FULFILLED

THEIR 2019 OBLIGATIONS IN A TIMELY MANNER. ONLY ONE COUNTRY FAILED TO

MEET ITS 2019 PAYMENTS THE LOWEST LEVEL OF DEFAULTING COUNTRIES SINCE

GAVI'S CO-FINANCING POLICY WAS INTRODUCED. THIS IS FURTHER EVIDENCE OF

INCREASING COUNTRY OWNERSHIP AND LONG-TERM FINANCIAL SUSTAINABILITY OF

GAVI-SUPPORTED VACCINES.

SHAPING MARKETS FOR VACCINES AND OTHER IMMUNISATION PRODUCTS

BY THE END OF 2019, 8 OUT OF 11 VACCINE MARKETS WERE ASSESSED AS HAVING

SUFFICIENT AND UNINTERRUPTED SUPPLY THE SAME NUMBER AS IN THE PREVIOUS

TWO YEARS.

EIGHT VACCINE MARKETS WERE ASSESSED AS HAVING SUFFICIENT AND

UNINTERRUPTED SUPPLY, UNCHANGED SINCE 2017. SIGNIFICANT PROGRESS WAS

MADE IN THE MARKET FOR ROTAVIRUS VACCINE, BUT THERE ARE CHALLENGES IN

THE MARKET FOR ORAL CHOLERA VACCINE (OCV), IN ADDITION TO PERSISTENT

SUPPLY CHALLENGES IN THE MARKETS FOR HUMAN PAPILLOMAVIRUS (HPV) VACCINE

Name of the organization GAVI ALLIANCE	Employer identification number 98-0593375
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AND INACTIVATED POLIO VACCINE (IPV). THE 2020 TARGET IS 11 MARKETS.

IN 2019, THE WEIGHTED AVERAGE PRICE TO FULLY IMMUNISE A CHILD WITH

PENTAVALENT, PNEUMOCOCCAL AND ROTAVIRUS VACCINES FELL TO US\$ 15.57, A

REDUCTION OF 22% SINCE 2015 AND A 2% DROP FROM THE PREVIOUS YEAR.

FURTHER INFORMATION ON GAVI'S PROGRESS TOWARDS ACHIEVING ITS STRATEGIC

GOALS CAN BE FOUND IN ITS 2019 ANNUAL PROGRESS REPORT, ONLINE AT:

[HTTPS://WWW.GAVI.ORG/SITES/DEFAULT/FILES/PROGRAMMES-IMPACT/OUR-IMPACT/APR/GAVI-PROGRESS-REPORT-2019.PDF.](https://www.gavi.org/sites/default/files/programmes-impact/our-impact/apr/gavi-progress-report-2019.pdf)

FORM 990, PART VI, SECTION A, LINE 4:

AT ITS MEETING IN DECEMBER 2019, THE GAVI ALLIANCE BOARD AMENDED

ARTICLE 2.A OF THE GAVI ALLIANCE GOVERNANCE COMMITTEE CHARTER TO READ AS

FOLLOWS:

IF FOR ANY REASON THE BOARD VICE CHAIR IS NOT FROM AMONG ANY OF THE

CONSTITUENCIES DESIGNATED ABOVE, OR FOR ANY OTHER REASON DETERMINED BY THE

COMMITTEE, THE COMMITTEE SHALL BE EXCEPTIONALLY EXPANDED TO 13.

FORM 990, PART VI, SECTION B, LINE 11B:

THE OUTSOURCED ACCOUNTANT (OA), IN COLLABORATION WITH THE SENIOR ACCOUNTANT

AND SENIOR MANAGER OF FINANCIAL REPORTING, GATHERS ALL INFORMATION NEEDED

TO PREPARE THE FEDERAL FORM 990 FROM THE RESPECTIVE GAVI DEPARTMENTS. OA

THEN PREPARES THE DRAFT FEDERAL FORM 990 AND PROVIDES IT TO THE GAVI HEAD

OF FINANCIAL ACCOUNTING AND REPORTING (HFAR) FOR REVIEW. THE HFAR REVIEWS

THE DRAFT FEDERAL FORM 990 AND DISCUSSES ANY NECESSARY CHANGES WITH THE OA

AND SENIOR ACCOUNTANT. THE OA THEN SUBMITS THE DRAFT FEDERAL FORM 990 TO

Name of the organization GAVI ALLIANCE	Employer identification number 98-0593375
---	--

THE TAX FIRM FOR REVIEW AND DISCUSSES ANY NECESSARY UPDATES PROVIDED BY THE

TAX FIRM, AFTER WHICH THE DRAFT FEDERAL FORM 990 IS UPDATED BY THE OA. THE

SENIOR ACCOUNTANT THEN CIRCULATES THE UPDATED DRAFT FEDERAL FORM 990 TO

VARIOUS GAVI TEAMS FOR THEIR REVIEW AND COMMENT. THE DRAFT FEDERAL FORM 990

IS UPDATED FOR COMMENTS RECEIVED AS DEEMED NECESSARY BY THE HPAR. THE DRAFT

FEDERAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, IS PROVIDED TO THE

AUDIT AND FINANCE COMMITTEE. A GAVI AUTHORIZED REPRESENTATIVE SIGNS THE

FEDERAL FORM 990 AFTER WHICH IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART I, LINE 5

PART I, LINE 5 LISTS THE TOTAL NUMBER OF EMPLOYEES WHO RECEIVED THE

FORM W-2, AND IT DOES NOT INCLUDE FOREIGN EMPLOYEES IN GENEVA,

SWITZERLAND. THE TOTAL NUMBER OF EMPLOYEES INCLUDING THE FOREIGN

EMPLOYEES IS 282.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNANCE TEAM CIRCULATES THE CONFLICT OF INTEREST DISCLOSURE FORMS TO

THE BOARD MEMBERS ANNUALLY. GOVERNANCE MONITORS DISCLOSURE FORMS BY

COLLECTING ALL CONFLICT OF INTEREST DISCLOSURES FROM BOARD MEMBERS. THE

POLICY IS MONITORED BY THE BOARD OF DIRECTORS ITSELF, AND RELEVANT

CONFLICTS ARE DISCLOSED AT THE BOARD OF DIRECTORS MEETINGS AND NOTED IN THE

MINUTES.

A BOARD MEMBER/ALTERNATE BOARD MEMBER OR COMMITTEE DELEGATE IS EXPECTED TO

DISCLOSE ANY REAL/PERCEIVED OR POTENTIAL CONFLICT TO THE CHAIR OF THE BOARD

OR THE COMMITTEE, AS SOON AS POSSIBLE UPON LEARNING OF IT AND NO LATER THAN

AT THE BEGINNING OF THE DISCUSSION OF THE PERTINENT AGENDA ITEM DURING A

Name of the organization

GAVI ALLIANCE

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BOARD/COMMITTEE MEETING. IT IS THE PREROGATIVE OF THE CHAIR OF THE MEETING,
 IN CONSULTATION WITH THE DIRECTOR OF LEGAL OR GOVERNANCE, TO DETERMINE THE
 SCOPE AND LEVEL OF A CONFLICTED PERSON'S PARTICIPATION IN THE DISCUSSION
 AND THE NECESSITY OF RECUSAL FROM VOTING GIVEN THE TYPE OF INTEREST
 DISCLOSED. THE MINUTES OF THE MEETING REFLECT THE CONFLICTED MEMBER'S
 DISCLOSURE AND WHETHER THE CONFLICTED MEMBER PARTICIPATED IN THE DISCUSSION
 AND/OR ABSTAINED FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

GAVI'S COMPENSATION AIMS TO ATTRACT, ENGAGE, REWARD AND RETAIN A TEAM OF
 HIGH PERFORMING EMPLOYEES WHO ARE DEDICATED TO GAVI'S MISSION. IN 2008, THE
 GAVI BOARD APPROVED GAVI'S COMPENSATION AND BENEFIT FRAMEWORK. A REVIEW OF
 THE GAVI SALARY SCALE WAS CONDUCTED IN 2013-2014 BY MERCER, AN INDEPENDENT
 GLOBAL FIRM SPECIALIZED IN THE FIELD OF COMPENSATION, AND BENCHMARKED
 AGAINST A COMPOSITE PEER MARKET. THE REVIEW CONCLUDED THAT GAVI'S SALARY
 SCALE POSITIONING WAS IN ALIGNMENT WITH MARKET AND PEERS. IN 2018, A
 FURTHER REVIEW WAS UNDERTAKEN BY MERCER. ADDITIONAL ANALYSIS IS PENDING.
 GAVI'S SALARY SCALE HAS NOT CHANGED SINCE ITS INTRODUCTION IN 2008. UPON
 HIRING, OFFICERS AND KEY EMPLOYEES AT GAVI ARE PLACED WITHIN THE SCALE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE GAVI
 ALLIANCE WEBSITE. FORM 1023 AND FEDERAL FORM 990 ARE MADE AVAILABLE FOR
 PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VII, SECTION A

AN ALTERNATE MEMBER CAN VOTE ONLY WHEN THE CORRESPONDING PRIMARY BOARD

MEMBER IS UNABLE TO PARTICIPATE IN VOTING. IF THE PRIMARY BOARD MEMBER

Name of the organization

GAVI ALLIANCE

Employer identification number

98-0593375

IS ABLE TO SUBMIT HIS/HER VOTE THEN THE ALTERNATE MEMBER'S VOTE IS NOT
REQUIRED.

PART VII LISTS 44 VOTING BOARD MEMBERS. HOWEVER ONLY 26 VOTES COULD BE
CAST WHICH ARE PRINCIPAL BOARD MEMBERS. THE 18 ALTERNATE BOARD MEMBERS
COULD NOT VOTE UNLESS THEIR ASSOCIATED PRINCIPAL BOARD MEMBER WAS
UNAVAILABLE TO VOTE. NONE OF THE ALTERNATE BOARD MEMBER SEATS WERE
VACANT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF UNSPENT FUNDS 643,521.

RECOVERY OF PRIOR YEAR GRANT 42,023,510.

TOTAL TO FORM 990, PART XI, LINE 9 42,667,031.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	C	215,699,982.	COST
(2) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	N	166,671.	FMV
(3) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	O	721,422.	FMV
(4) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	Q	388,452.	FMV
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

IFFIM SUKUK COMPANY LIMITED

DIRECT CONTROLLING ENTITY: INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION

COMPANY

NAME OF RELATED ORGANIZATION:

IFFIM SUKUK COMPANY II LIMITED

DIRECT CONTROLLING ENTITY: INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION

COMPANY

NAME OF RELATED ORGANIZATION:

IFFIM SUKUK COMPANY III LIMITED

DIRECT CONTROLLING ENTITY: INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION

COMPANY